2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007796

Entity Name: PALM BEACH COMMONS CARDIOLOGY LLC

600 UNIVERSITY BLVD SUITE 200

JUPITER, FL 33458

Address:

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 601 UNIVERSITY BLVD SUITE 206 JUPITER, FL 33458 **Current Mailing Address: New Mailing Address:** 601 UNIVERSITY BLVD SUITE 206 JUPITER, FL 33458 FEI Number: 20-4576798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PANCZAK, STEVE WAITE, DIANE 601 UNIVERSITY BLVD 601 UNIVERSITY BLVD SUITE 206 SUITE 206 JUPITER, FL 33458 US JUPITER, FL 33458 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: DIANE WAITE 04/27/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BREUER, GABRIEL E MD Name: Name: Address: 600 UNIVERSITY BLVD SUITE 200 Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CRANDALL, CHAUNCEY IV MD Name: Address: 600 UNIVERSITY BLVD SUITE 200 Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: MGR () Delete Title: () Change () Addition VARGAS, AGUSTIN A MD Name: Name: 600 UNIVERSITY BLVD SUITE 200 Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition VILLA, AUGUSTO E MD Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: GABRIEL BREUER, MD MGR 04/27/2009